



STATE OF MARYLAND

DMMH

Maryland Department of Health and Mental Hygiene
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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response

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December 14, 2007

Public Health & Emergency Preparedness Bulletin: # 2007:49 **Reporting for the week ending 12/08/07 (MMWR Week #49)**

CURRENT HOMELAND SECURITY THREAT LEVELS

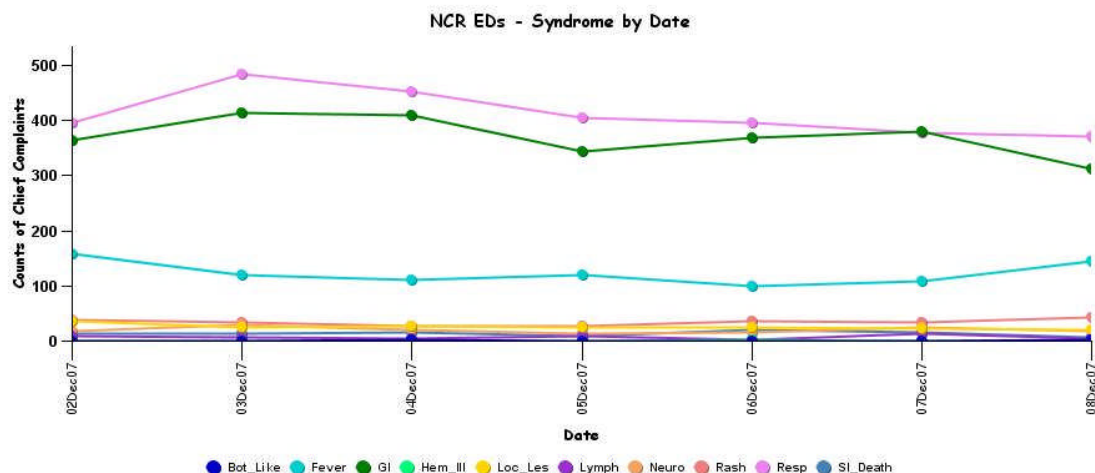
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

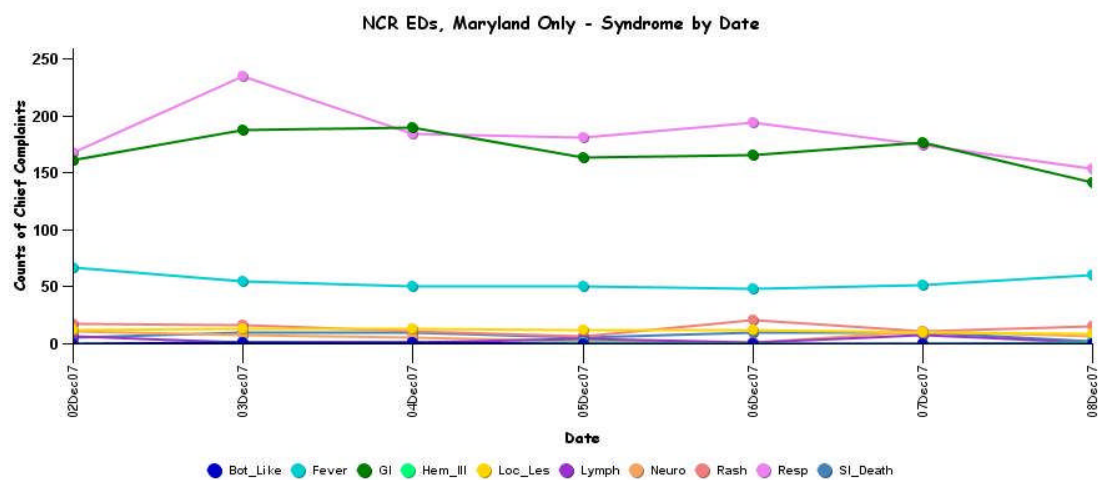
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

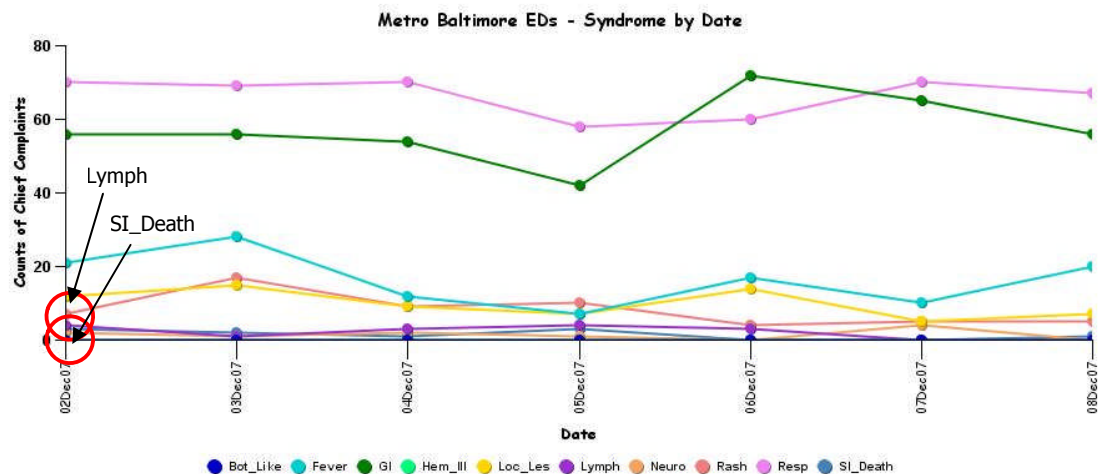
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



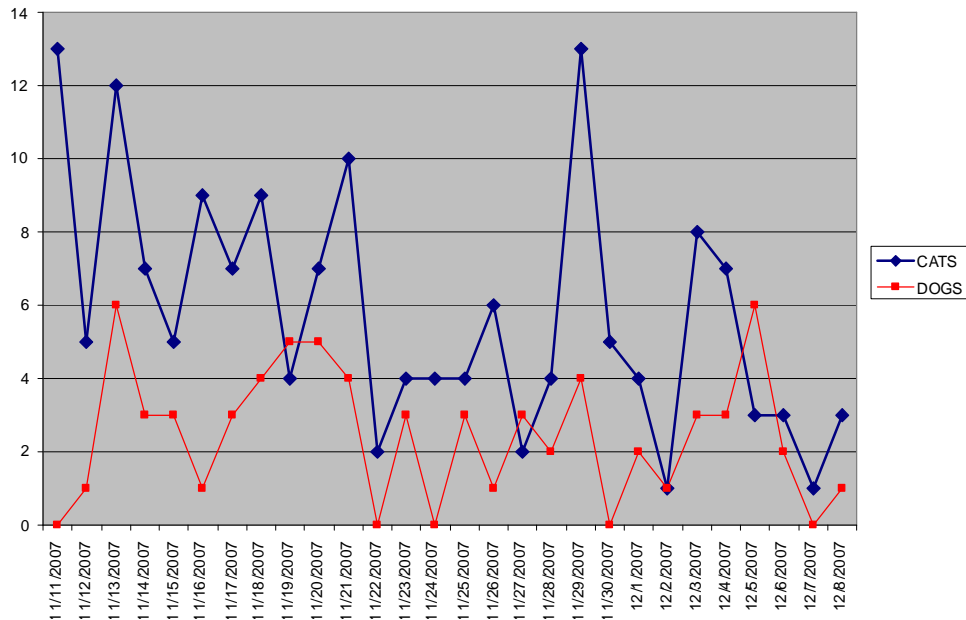
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

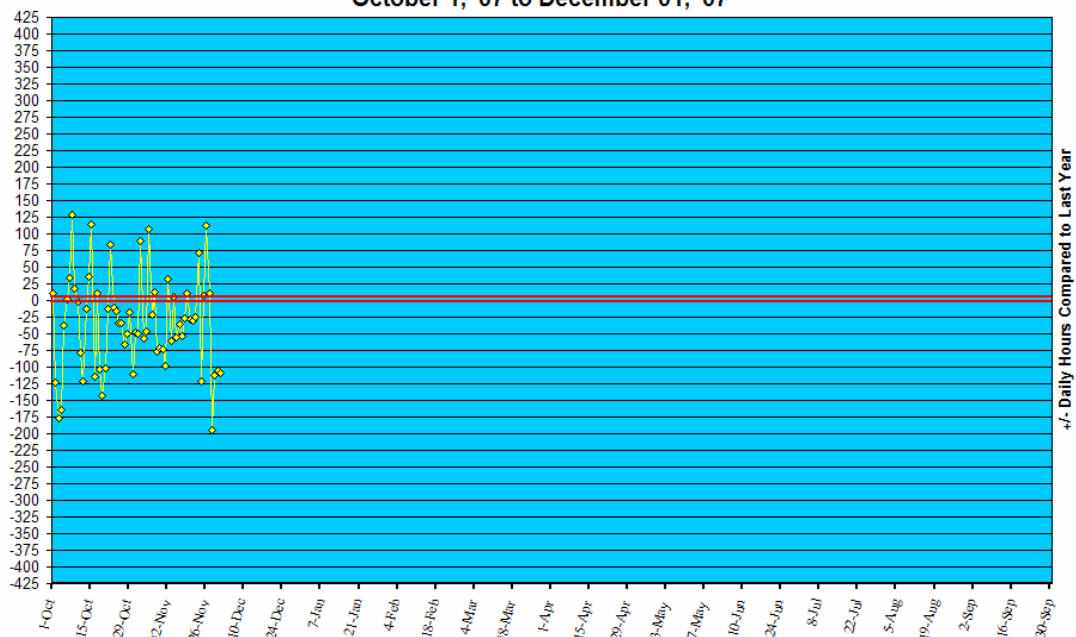
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to December 01, '07**



REVIEW OF MORTALITY REPORTS

OCME: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in October 2007 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases:	10	0
Prior week:	12	0
Week#49, 2006:	-	2

OUTBREAKS: 5 outbreaks were reported to DHMH during MMWR Week 49 (Dec. 2- Dec. 8, 2007):

2 Foodborne Gastroenteritis outbreaks

- 1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant
- 1 outbreak of FOODBORNE GASTROENTERITIS associated with an Office Luncheon

3 Rash illness outbreaks

- 1 outbreak of SCABIES associated with a Nursing Home
- 1 outbreak of SCABIES associated with a Shelter
- 1 outbreak of RASH ILLNESS associated with a Shelter

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. One suspected case of influenza was reported to DHMH during MMWR Week 49 (December 2 - 8, 2007). The first lab confirmed case of influenza in Maryland was reported on December 6, 2007. Therefore, for surveillance purposes, all cases with a positive rapid influenza test count as confirmed cases. To date this season, there have been 11 lab confirmed influenza cases in Maryland.

*Please note: Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of December 4, 2007, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 336, of which 207 have been fatal. Thus, the case fatality rate for human H5N1 is about 61%.

AVIAN INFLUENZA (Bangladesh): 1 Dec 2007, Bird flu has spread to another district in northwestern Bangladesh, forcing health and veterinary workers to cull some 6000 chickens and destroy over 2500 eggs, officials said on Dec 1. The latest case was reported in a village in Pabna district, 160 km from the capital Dhaka, a senior official of the fisheries and livestock ministry said. Bird flu was first detected near the capital in March 2007 and has since spread mostly to northern districts. There have been no cases of human infection. Including Pabna, 20 of Bangladesh's 64 districts have been affected by the virus, which has forced authorities to kill 256,000 chickens and destroy nearly 3 million eggs since its outbreak. About 4 million Bangladeshis are directly or indirectly associated with poultry farming.

AVIAN INFLUENZA, TURKEYS, TURKEY MEAT (Poland): 2 Dec 2007, Two poultry farms northwest of Warsaw were cordoned off after the deadly H5N1 strain of bird flu was found in turkeys, Polish officials said on Dec 1. Earlier reports had said 3 farms were affected, but the governor of Mazowsze province, where the outbreak occurred, later revised the count. "A third farm had initially been suspected, but that suspicion was not confirmed," Governor Jacek Kozłowski told a news conference in Plock. There are plans to cull 4000 birds at farms around the village of Brudzen near the city of Plock, Poland's chief veterinary officer Ewa Lech said. She said the virus was most likely brought to Poland by migrating ducks, geese or swans, adding that an area within a 3-km radius of the outbreak had been cordoned off. "Areas of contamination and danger have been marked off and are being constantly monitored by veterinary officials and police," said Plock crisis-management official Hilary Januszczuk. Poland's efforts to contain the spread of the virus won the approval of the European Commission. "The Polish authorities notified us in the middle of the night about a strong suspicion of bird flu," European Commission spokeswoman Barbara Helfferich said. "We have been in contact with them since then; they are now taking the appropriate measures." This includes disinfection mats over which pedestrians and vehicles entering and leaving the affected areas must pass. Also, in the Pomorze region, 480 kg of turkey meat has been found to contain the bird flu virus. Anna Obuchowska, spokeswoman for the Sanitary Inspectorate in the Pomorze region, has stated that the meat came from 2 warehouses, in Zukow and Sierakowice. The Zukow plant supplied meat to shops in Gdansk and Gdynia, with the Sierakowice source providing shops in Człuchow, Chojnice, Kosciierzyna and Kartuzy. Obuchowska has said that there is a search for remaining meat in the shops, but it is unlikely that any remains, as the turkey meat was delivered to the shops at the beginning of the previous week. Shop employees are under surveillance by the Sanitary Inspectorate for their own safety. Specialists have stated that meat preparation at temperatures above 70 C should kill any viruses that were present in the meat before its preparation, rendering it safe to eat.

AVIAN INFLUENZA (Saudi Arabia): 5 Dec 2007, Saudi Arabia killed close to 60 000 birds on Dec 3 in the latest discovery of the deadly disease in the kingdom, bringing the total number birds culled to around 4 million. The discovery at another table-egg farm in the Al-Kharj region south of the capital Riyadh is the 15th in the area, as fears continue to grow that the disease may spread to other parts of the kingdom. The ministry last week said that farms surrounding the port city of Jeddah, the gateway for pilgrims to Mecca and Medina, are still safe from the bird flu. Concerns over the spread of the H5N1 strain have grown steadily in recent weeks as Saudi Arabia prepares for the Hajj, with around 3 million of pilgrims expected to gather in the holy cities of Mecca and Median. As a precaution, the Agriculture Ministry on Dec 3 banned the shipment of live birds from the Riyadh area to Mecca for the next month. All cases of bird flu in the kingdom so far have come from the Riyadh province.

AVIAN INFLUENZA, HUMAN (China): 7 Dec 2007, The father of a man in China who died this week of bird flu has also tested positive for the H5N1 strain of the disease, the country's health ministry reported on Dec 7. A statement on the ministry website said a 52-year-old man in eastern Jiangsu province, has been confirmed with the virus, just days after his 24-year-old son died on Dec 2. The man developed a fever and pneumonia symptoms on Dec 3 while under preventive medical observation following his son's death, the statement said. It added that 2 days later, Jiangsu bird flu experts conducted tests to determine whether he had the virus and confirmed the diagnosis on Dec 6. The ministry added that all people who had been in contact with the 52-year-old man were under observation but that no new cases had appeared. The 52-year-old man's son was hospitalized 10 days ago on Nov 27 after being diagnosed with pneumonia, the Xinhua news agency reported at the time, citing the Jiangsu provincial health department. His condition deteriorated in hospital and he died on Dec 2, according to the report. Earlier this week, provincial health authorities said they had not determined how the deceased man contracted the virus, saying he was not known to have had contact with dead poultry. The ministry gave no further details on the medical condition of the new patient, nor any information on whether human-to-human transmission was to blame.

NATIONAL DISEASE REPORTS:

CAMPYLOBACTERIOSIS, UNPASTEURIZED MILK (Kansas): 5 Dec 2007, Dozens of people in Kansas are getting sick from raw milk. At least 87 people became ill in 2 separate outbreaks of campylobacteriosis. Kansas allows raw milk to be sold within the state, but health officials want you to be aware of the health risks that come with consuming raw milk. Campylobacteriosis is an intestinal infection caused by the bacterium *Campylobacter*. Infection often causes diarrhea, fever, abdominal pain, nausea, headache, and muscle pain. In the first outbreak in southwest Kansas, 68 people became ill after eating cheese made from raw (unpasteurized) milk donated by a local dairy for a community celebration; 19 people were ill enough to seek medical attention, and 2 people were hospitalized. Of these persons 4 tested positive for *Campylobacter jejuni*; no other food items served at the event were associated with illness. The second outbreak is linked to a dairy in south central Kansas that sells raw milk directly to consumers. As of Nov 30, 19 cases of campylobacteriosis had been reported. Each person reported drinking raw milk purchased from the dairy. Although most people with campylobacteriosis recover within 7 to 10 days, rare complications such as reactive arthritis, hemolytic uremic syndrome, and Guillian-Barre syndrome can develop. Pasteurization is the only effective method for eliminating disease-causing bacteria in raw milk and milk products. It is a simple process that involves heating the milk to a high temperature for a short period of time. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BACILLUS CEREUS, FLAVORED WATER, RECALL (North America): 7 Dec 2007, Dr Mark Horton, director of the California Department of Public Health (CDPH), on Dec 5 warned consumers not to drink Metromint brand flavored water because it may be contaminated with a bacterium called *Bacillus cereus*, a microorganism that may cause vomiting or diarrhea. Soma Beverage Co., LLC., of San Francisco is voluntarily recalling all bottles of Metromint brand flavored water (Peppermint, Spearmint, Orangemint, and Lemonmint) with a "Best Before" date prior to Dec 21, 2008 and produced at its California facility because they may be contaminated with "*B. cereus*". The "Best Before" date is on the shoulder of the bottle. The product was distributed nationwide to grocery stores, including those in California, and sold on the Internet. There have been no confirmed illnesses in California associated with this product to date. There is an illness complaint in Illinois that is possibly linked to consumption of this product. The products were packaged in clear plastic 16.9 ounce bottles with a black M on the front and the lettering "KSA" in a rectangle located on back of the bottle in the lower right-hand corner. Illness caused by *Bacillus cereus* may be either a vomiting or a diarrheal type. The vomiting type is characterized by nausea and vomiting within 30 minutes to 6 hours after consumption of contaminated foods. Duration of symptoms is generally less than 24 hours. The diarrheal type usually includes onset of abdominal cramps and watery diarrhea 6 to 15 hours after consumption of contaminated food. Symptoms may last for 24 to 48 hours. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

ENTERIC ILLNESS, WATERBORNE (Finland): 4 Dec 2007, As many as 15,000 people may have picked up stomach infections following the contamination of drinking water in the town of Nokia last weekend (Dec 1 - 2). Latest samples from patients reveal the presence of both *Salmonella* and *Campylobacterium*, reports the National Public Health Institute. The water samples are being studied by the Institute at their research center in Kuopio. Other forms of intestinal bacteria have also been found. The findings are expected to be released later this week. Infection physician Eeva Ruotsalainen of the Institute says from 10,000 to 15,000 people could be affected. Of these, some 250 have sought medical attention. The local health clinic in Nokia advises people to exercise strict hand hygiene and to boil all water for 5 minutes. These regulations will stay in force at least until next Monday Dec 10. Complaints have also been received over the quality of water distributed to people. Many have been worried by the high level of added chlorine. However, the municipal authorities in the town said residents would be compensated for harm caused due to the water contamination. The passage of wastewater into the drinking water supply in Nokia has led to widespread investigations at other cleaning plants. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE ENTERITIDIS, CAKE (Singapore): 6 Dec 2007, The Ministry of Health (MOH) and the Agri-Food and Veterinary Authority (AVA) say that chocolate cakes from the bakery chain Prima Deli are likely to contain bacteria called *Salmonella enterica* serotype Enteritidis, which has caused some people to get food poisoning. Originally, 106 people have reported getting food poisoning after eating the cakes; 6 had to be hospitalized. They tested positive for *S. Enteritidis*. The onset of illness for the last case was on Nov 26. The effects are felt usually 6 to 72 hours after eating contaminated food. The MOH was first notified of a food poisoning incident on Nov 23. As more cases of food poisoning were reported, investigations showed that the common food item in the various incidents were Prima Deli chocolate cakes bought as early as Nov 19. The MOH and AVA conducted joint inspections of Prima Food Pte Ltd, which produces chocolate cakes for all Prima Deli retail outlets. Food and environmental samples were taken for laboratory analysis. Preliminary results suggest *Salmonella* is the likely culprit. Prima Food has been told to stop the production of all chocolate cakes and to recall all these cakes from distribution and sale. In the latest update, the MOH and AVA said that the number of cases has jumped to 143, of which 11 had to be hospitalized; all have been discharged, except one. Four more food handlers at the Prima Deli factory have also tested positive for *Salmonella enterica* serotype Enteritidis, the bacteria that cause food poisoning, bringing the total to 6. In a statement, Prima Deli said the 2 staff who earlier tested positive are receiving appropriate medical treatment. A food handler in a Prima Deli outlet has also tested positive

for the bacteria. AVA said another semi-processed product found at the now-closed Prima Food factory has tested positive for the bacterium. Initial testing of food samples taken from the factory had shown that the hazelnut paste tested positive. Prima Deli's chocolate cream also tested positive for the bacterium. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Kenya): 6 Dec 2007, Food hawking has been banned in parts of Siaya District following an outbreak of cholera in the area. The outbreak reported early this week (Dec 3 – 9) has led to 3 deaths, while 6 people were treated and discharged. More than 46 people are receiving in-patient treatment in different health centers in the district. The Provincial Administration has also ordered the residents to dig pit latrines and adhere to high standards of hygiene. The Siaya medical officer of health, Dr Elizabeth Okoth said the cholera outbreak was due to lack of clean water, failure to observe hygiene and feasting in gatherings. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

PLAGUE, FATAL (Uganda): 6 Dec 2007, Plague is occurring in Uganda, killing 10 out of 121 infected people in Arua, and 9 out of 39 in Nebbi, according to the Ministry of Health. The disease broke out in Logiri and Vurra sub-counties of Arua. In Nebbi, the affected area was Nyapea. No new cases have been reported in either area in the past week, partly because of massive indoor residual spraying against fleas. The Minister of Primary Health, Dr Emmanuel Otaala, said women were most affected due to the local custom that women sleep on the ground. They are only allowed in bed when the husband invites them for sex, he explained. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Uganda): 6 Dec 2007, Cholera broke out in Nebbi on Oct 15 and has infected 320 people, killing 4 of them. The cases were mainly in Jonamu and Padyere counties. It also broke out in Buliisa district on Nov 4, killing 5 of the 140 people infected. The cases, according to the ministry, are in Butiaba parish in Biiso sub-county. Another 3 people died in Hoima district where the disease has infected 84 people since it was first reported in Kigorobya sub-county during November. In Kasese, 15 cases were reported, but the ministry said all of them were imported from Buliisa. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BRUCELLOSIS, HUMAN, ANIMALS (China): 6 Dec 2007, The Ministry of Health said on Dec 4 that human brucellosis continues to increase in China and case numbers in Heilongjiang are particularly high. The Ministry of Health has asked all locales to strengthen prevention work. Statistics from the Ministry of Health show that China's prevention and control of human brucellosis is in serious circumstances, and occurrence in cow and sheep producing regions is a grave concern. A trend has emerged in which the disease is spreading from herding and semi-herding regions to farming regions and even urban areas. Other than Chongqing, Guizhou, and Hainan, all provinces and centrally-administered municipalities have reported human brucellosis. By the end of September 2007, there were a total of 18,116 brucellosis cases in 2007 nationally, an increase of 2.6 percent over 2006's 17,644 cases. (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

TULAREMIA, HUNTER (Russia): 7 Dec 2007, A case of tularemia, also known as rabbit fever, has been registered in the Amur region for the first time over the past 50 years, the regional sanitary and epidemiological commission said at a meeting on Dec 7. The diagnosis was confirmed on a hunter of the Selezhdzhin district, who was bitten by a sable. Regional sanitary doctors plan to begin vaccination of a risk group that includes hunters, foresters, and geologists of the Selezhdzhin and Mazanovsky districts. Natural cases of tularemia occur across North America, Europe, and Asia. It is a disease that humans can catch either from tick, fly, and mosquito bites or from animal contact. (Tularemia is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Somalia): 7 Dec 2007, The WHO Early Warning and Response System (EWRS) detected suspected acute watery diarrhea (AWD) cases in Baidoa Bay. On Dec 4, about 268 cases were reported including 10 related deaths. 3 out of 4 samples tested positive for cholera. WHO conducted an investigation and mobilized a rapid response team to ensure mass chlorination of drinking water in wells in Baidoa and surrounding villages where the cases originated. While 6 samples sent to Bossaso tested negative, one belonging to an 80 year old male from Luug in Gedo tested positive. As of Nov 30, 81 cases of suspected AWD, including 3 related deaths were reported in Luug by the Gedo Health Consortium. The cholera control committee is coordinating the response through daily meetings. Response consists of chlorination and health education for the affected population. Between Nov 22 and 30, Lower and Middle Juba reported 114 AWD cases from 3 different districts, with no related deaths. WHO supported the local NGO Juba Foundation with the renovation of the main drinking water well and the chlorination of 2 wells in Nafta-Qur village in Jamame in close collaboration with Muslim Aid. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

NITROFURAN CONTAMINATED MEAT (China): 8 Dec 2007, Exports from one of China's best-known food makers were stopped on Dec 7 after Hong Kong authorities said they found unsafe chemicals in canned luncheon meat. Shanghai-based Maling Food Co. issued a statement saying it had sent top executives to Hong Kong to assist with an investigation into allegations that a shipment of its meat, about as famous in China as Spam is in the U.S., was contaminated with the antibiotic nitrofurans, which is thought to cause cancer. "We take this issue very seriously and immediately took relevant measures, asking the Hong Kong authorities to recall the affected products," Maling said. The investigation comes amid a slew of findings of potentially unsafe foods and other products. Chinese officials have vowed to tighten controls on food processors, slaughterhouses and other suppliers to help improve safety. China closed more than 6000 slaughterhouses and created a database of 23,052 slaughterhouses across the country as part of its campaign

to improve food safety, the state-run newspaper China Daily reported on Dec 7. Maling issued a statement earlier in the week saying it did not plan to recall lunch meat sold in the Chinese mainland because it was produced separately. But a report in the state-run newspaper Southern Daily, based in the southern city of Guangzhou, said the product had been pulled from local supermarket shelves. That report quoted a Maling safety official saying the pork might have been contaminated before it reached the factory. Officials at the Shanghai Entry-Exit Inspection and Quarantine Bureau would not comment but referred callers to a brief notice about the investigation posted on their Web site. The export suspension applies to all of Maling's canned food products, which include meat, seafood, fruits and vegetables. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

EBOLA HEMORRHAGIC FEVER (Uganda): 8 Dec 2007, As of Friday Dec 7, the number of suspected cases of Ebola hemorrhagic fever in the Bundibugyo District of western Uganda has now risen to 93, including 22 fatalities. Laboratory analysis has confirmed the presence of a new species of the virus in 9 of these cases. A total of 4 health care workers are among the fatalities. A total of 5 sub-counties of Bundibugyo District are affected with a total population of approximately 250,000. So far, a total of 327 contacts have been identified. Tracing and follow-up of these contacts is being performed with the involvement of Village Health Teams and Community Medicine Distributors. Specimens from suspected cases are being collected and referred for confirmation as part of intensive surveillance activities. Laboratory experts from the Centers for Disease Control and Prevention (CDC), Atlanta, are providing support to the Uganda Virus Research Institute in diagnosis and analysis of samples. Isolation wards have been established at hospitals in Kikyo and Bundibugyo, and training provided for health care workers and auxiliary staff in appropriate triage and infection control measures. Teams are being trained in safe burial practices. Additional peer and social support is being offered to staff at the 2 hospitals. Agencies in the field, including UNICEF, Medecins Sans Frontieres and WHO, are providing support to the health authorities with logistics and provision of drugs and Personal Protection Equipment. The Ministry of Health and IFRC are conducting intensive social mobilization activities, including the use of radio broadcasts and mobile film vans to reach at-risk communities. Fact sheets, brochures and posters are also being distributed. Ecological studies into the new species of Ebola virus that has been detected in this outbreak are also being planned. WHO advises that there is no indication for restrictions on travel or trade with Uganda. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

Update: Influenza Activity - United States, September 30 – December 1, 2007

MMWR. December 14, 2007 / Vol. 56 / No. 49.

This report summarizes U.S. influenza activity since September 30, the start of the 2007--08 influenza season. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5649a3.htm>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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